

Board of Commissioners Grant Fact Sheet

Committee Name: Law Enforcement, Fire, Corrections, Courts **Date of Committee:**

1. Grant Name:	High Intensity Drug Trafficking Area
2. Grantor:	Office of National Drug Control Policy
3. Submitted by:	Katy Mack
4. Amount:	\$127,316.00
5. Funding Period:	January 1, 2016 – December 31, 2017
6. Deadline: (if applicable)	December 31, 2017
7. Target Population:	Shelby County population
8. Grant Funding:	<input checked="checked" type="checkbox"/> New <input type="checkbox"/> Single Year <input type="checkbox"/> Continuation <input type="checkbox"/> Multi-Year Renewable

9. What are the specific goals of the grant? (The final grant proposal should include the goals and the measurable objectives.)	Disrupt the sale and transportation of illegal drugs and help dismantle drug organizations
10. How will the project be evaluated to determine that the goals are being met?	By examining the statistical results of overtime events
11. What bench marks will be utilized to determine that the goals are being met?	The statistics being submitted and the timely expenditure of funds
12. Who will conduct the evaluation?	Gulf Coast High Intensity Drug Trafficking Office
13. What will happen to the program after it ends?	The Sheriff's Office will use the knowledge learned and professional connections made to continue their drug control efforts
14. List the partners (faith-based, business community, foundations, etc.) that will be sub-recipients of grants funds.	Memphis Police Department and Shelby County District Attorney's Office
15. If this is a continuation of previous grant funding and sub-recipients have been awarded funds in the past, list accomplishments/benchmarks met with past grant funds.	N/A

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16. What are the criteria for selecting partners? (if applicable)	Gulf Coast High Intensity Drug Trafficking Area office selected partners based on the enforcement abilities they could provide
17. What type of reporting is required?	<input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Annual <input type="checkbox"/> Other
18. Will Shelby County Government be the fiscal agent?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, who will serve as the fiscal agent?
19. What budget categories will be included? (Check all that apply)	<div> <input type="checkbox"/> Personnel <input type="checkbox"/> Fringe Benefits </div> <div> <input type="checkbox"/> Equipment <input type="checkbox"/> Books </div> <div> <input type="checkbox"/> Supplies <input type="checkbox"/> Indirect Costs </div> <div> <input type="checkbox"/> Resources <input type="checkbox"/> Construction </div> <div> <input checked="" type="checkbox"/> Sub-grants <input type="checkbox"/> Travel </div> <div> <input type="checkbox"/> Professional Development <input checked="" type="checkbox"/> Others (list) - Overtime </div>
20. What new personnel will be hired? (if applicable)	N/A
21. If equipment purchases will exceed \$50,000 or 25% of the total grant funding, list the type of equipment specified in the grant application.	N/A
22. How much money is allocated for evaluation?	\$0
23. Does the grant require a match?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, designate the source of the match.
24. Who will provide accounting for the grant?	Shelby County Sheriff's Office

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25. Does the grant require the signature of the Mayor and/or County Commission Chairman?

☒ Yes
☐ No

26. INTERNAL VERIFICATION

To be verified by the Shelby County Board of Commissioners prior to grant acceptance.